

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/599236	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			1			51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		1		1			55						
6		1		1			56						
7		0		1			57						
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43							93						
44							94						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓	1	↓		TOTAL IND.			↓			
TOTAL DEP.	9	←		7	←		TOTAL DEP.			←			
TOTAL CLAIMS	10			8			TOTAL CLAIMS						